

Highlights:

- Since 1997, Family PACT has provided family planning and reproductive health services at no cost to California's low-income women and men.
- In 1999, California applied for and received a federal Medicaid 1115 Waiver to obtain reimbursement for Family PACT services. This allowed for significant program expansion.
- Family PACT has increasingly met the need for publicly funded family planning services in California. The program now serves about 1.5 million clients annually.
- The Program includes providers from both the public and private sector. There are approximately 2,800 providers within Family PACT's network.
- The Family PACT Program includes a number of model features intended to increase access to and quality of comprehensive reproductive health services.



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Fact Sheet On Family PACT: An Overview

Background

California is the most populous state in the nation with 33.9 million people identifying themselves as Californians in the 2000 census.¹ Over the past three decades, the population of women in their reproductive years has grown more rapidly than the total population of the state. From 1970 to 2000, the number of women in their prime reproductive years (ages 15-44) increased from 4.3 million to 7.6 million – a 77% increase over thirty years compared to 70% for the total population. Furthermore, a shift in the composition of women ages 13-44 is projected; 13-24 year olds will increase by 3% and 25-44 year olds will decrease by 3% by 2010.² This means that by the end of the decade, there will be more women with more years of childbearing ahead of them in California. With nearly one-third of low income women at or below 200% of the Federal Poverty Level (FPL) and of reproductive age uninsured³, the need for publicly funded family planning services is great. Low income, working poor, and under-insured individuals are particularly unlikely to have the out-of-pocket resources to pay for family planning services and supplies and therefore are at a higher risk for (causing) unintended pregnancy. About half (51%) of all births to low-income, reproductive age women were unintended.⁴ California provides its residents the unique opportunity to easily qualify and enroll in the Family PACT Program and promptly access confidential family planning services. The 2002 cost-benefit analysis indicates that every dollar spent on Family PACT services saved an estimated \$2.76 in medical and social services costs up to 2 years after birth (and \$5.33 up to 5 years after birth).⁵

Family PACT Program

Women and men are eligible for the Family Planning Access Care and Treatment (PACT) program if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the FPL,⁶ and have no other source of health care coverage for family planning services. The Family PACT Program is administered by the California Department of Health Services, Office of Family Planning.

Family PACT was established by the California legislature in 1996 and implementation began in January 1997. The program includes five key objectives:

1. To reduce the rate of unintended pregnancies
2. To increase access to publicly funded family planning for low-income Californians
3. To increase the use of effective contraceptive methods by clients
4. To promote improved reproductive health
5. To reduce the overall number and cost of unintended pregnancies

Initially funded only by the state, California received a federal Health Care Financing Administration (now the Centers for Medicare and Medicaid Services) Medicaid Section 1115 Waiver in 1999, enabling the program to receive federal matching funds. Program expenditures are estimated to be \$450 million in 2005/06.⁷

Special Features

Family PACT represents an innovative approach to expanding access to family planning services, and includes a number of model features:

- **Broad client eligibility criteria:** Eligibility is based on income (at or below 200% of the FPL⁶) for all California residents who lack another source of care.
- **Immediate on-site enrollment:** Eligibility determination and enrollment in the Family PACT Program occur on-site during a client's first clinical visit, eliminating the need for multiple visits to different locations to enroll and enabling immediate access to services.
- **Public-private partnership:** The Family PACT provider network includes both public/non-profit and private providers, thereby maximizing the numbers and types of providers from which clients can choose.
- **Pharmacy distribution sites:** Over-the-counter and prescription drugs are available at both clinics and pharmacies, increasing the accessibility of contraceptive supplies for clients.
- **Fee-for-service reimbursement:** Family PACT is a fee-for-service program that reimburses participating providers for all covered family planning services rendered to enrolled clients.
- **Comprehensive family planning services:** Family PACT offers a three-part package of benefits for reproductive health care that includes:
 1. Initiation and management of all methods of contraception, including emergency contraception and male/female sterilization;
 2. Clinical and preventive services to maintain reproductive health, such as testing and treatment for STIs, breast, cervical and testicular cancer screening, and periodic physical exams;
 3. Individual reproductive health education and counseling
- **Services for males:** Family PACT eligibility criteria and services for men are comparable to those for women except for appropriate gender differences.
- **Services for adolescents:** Eligibility for adolescents is not based on parental income or insurance coverage, and parental consent is not required.
- **Program standards:** Clinical care standards have been established to address informed consent, confidentiality, availability of options, linguistic and cultural competence, access to care, clinical and preventive services, and education and counseling to ensure high quality of care.

Program Statistics

- **The number of clients Family PACT serves has increased substantially, and its provider base continues to expand.** From fiscal year (FY) 97/98 to 04/05, the number of women and men receiving Family PACT services more than doubled (from 0.75 million to 1.58 million); the number of delivering clinician providers increased by nearly 50% (from 1,945 to 2,794).⁸
- **Clients receive a diverse array of reproductive health services.** In FY 04/05, 71% of Family PACT clients received a contraceptive method, and 62% received tests for one or more sexually transmitted infections (STIs). Among female clients, 47% were tested for pregnancy and 53% were screened for cervical cancer.⁸
- **Special populations, such as adolescents and men, are increasingly receiving Family PACT services.** The number of adolescents served by Family PACT has more than doubled (from 150,000 in FY 97/98 to 307,000 in FY 04/05), and male participation in the program has increased more than six-fold (from 28,000 in FY 97/98 to 176,000 in FY 04/05).⁸
- **Family PACT has increasingly met the need for family planning services in the state.** In FY 99/00, Medi-Cal met 10% of the need for family planning services among women ages 13-44 in the state while Family PACT served 43%; by FY 03/04 the need met was 13% and 56% respectively.⁹

Conclusion

Since 1997, Family PACT has provided family planning services in the state using a comprehensive and innovative approach. Special features of the program, such as broad client eligibility criteria, on-site enrollment, and inclusion of private providers and pharmacies have improved access to and quality of services. As a result, Family PACT has achieved a reduction in unintended pregnancy and saved millions of dollars in public expenses.

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1 UCSF analysis using Census 2000 Summary File (SF-1) 100-Percent Data.

2 Chabot, M.J.; Bradsberry M.; Hulett D.; Lewis C. Meeting the Need for Publicly Funded Contraceptive Services, FY 1999/00-FY2003/04. A UCSF Report to the State of California Department of Health Services, Office of Family Planning. April 2006.

3 Ibid.

4 California Department of Health Services, Maternal, Child and Adolescent Health/Office of Family Planning Branch (2006) ; Maternal and Infant Health Assessment (MIHA), 2004; Unpublished analysis of raw data, February 2006.

5 Brindis, C.D.; Amaral, G.; Foster, D.G.; and Biggs, M.A. Cost-benefit Analysis of the California Family PACT Program for Calendar Year 2002; A UCSF Report to the State of California Department of Health Services, Office of Family Planning; January 2005.

6 For a family unit of one, 200% of the Federal Poverty Level is \$19,140, increasing by about \$6,520 for each additional person (effective as of July 1, 2005).

7 California Budget Act 2005/06.

8 Family PACT Annual Program Report, Fiscal Year 2004/2005.

9 Chabot et al., op. cit.